| | | | | | D | 315 | ジケン | 159 |
|--|---------------------|-------------------------------------|------------------|--|-------------------------|--------|---------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD Effectiv October 1, 2000 Application or Docket Number 5987759 | | | | | | | | nber · |
| CLAIMS AS FILED - PART I (Column 1) (C lumn 2) | | | SMALI TYPE | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY | | | | |
| TOTAL CLAIMS | 24 | | 22.5 | RAT | E FEE | 7 | RATE | FEE |
| FOR | NUMBER FILED | | | BASIC | FEE 355.00 | OR | BASIC FEE | 710.00 |
| TOTAL CHARGEABLE CLAIMS | 24 minus 20= ' 4 | | X\$ 9 | - | OR | X\$18= | 72 | |
| INDEPENDENT CLAIMS | 3 minus 3 = 0 | | | X40: | | OR | X80= | |
| MULTIPLE DEPENDENT CLAIM PI | | | | +135 | = | OR | +270= | |
| * If the difference in column 1 is | less than zero, ent | ss than zero, enter "0" in column 2 | | TOTA | L | OR | TOTAL | 782 |
| 11.10.04 (Column 1) | | umn 2) | (Column 3) | SMAL | LENTITY | OR | OTHER SMALL | |
| Total CLAIMS REMAINING AFTER AMENDMENT Total Independent | NU PREV | MEST MBER NOUSLY D FOR | PRESENT EXTRA | RATE | ADDI- TIONAL ~EEE | | RATE | ADDI- TIONAL REE |
| Total | Minus • | 4 | = | X\$ 9: | | OR | X\$18= | |
| Independent FIRST PRESENTATION OF ML | Minus | | <u> </u> | X40= | 17 | OR | X80= | |
| PINST PRESENTATION OF ME | CIIPLE DEPENDEN | er CLAIM | | +135= | . (| OR | +270= | |
| | | | | TOT ADDIT, FI | | OR | TOTAL ADDIT, FEE | |
| (Column 1) | | umn 2) | (Column 3) | | | | • | |
| REMAINING AFTER AMENDMENT Total Independent 3 | NU. | HEST MBER TOUSLY D FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total · 24 | Minus | 24 | - V | X\$ 9= | | OR | X\$18= | |
| FIRST PRESENTATION OF MU | Minus | T CLAIM | • ^ | X40= | | OR | X80= | |
| | | | | +135= | | OR | +270= | |
| | | | | ADDIT. FE | | OR | TOTAL ADDIT, FEE | |
| (Column 1) | | mn 2) | (Column 3) | | | | | |
| REMAINING AFTER AMENDMENT Total Ind pendent - | NUA PREVI | HEST MBER HOUSLY FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total • | Minus •• | | . * | X\$ 9= | | OR | X\$18= | |
| Ind pendent - | Minus | -11 | | X40= | 1 | | X80= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | OR | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | OR | +270= | |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | |